CERTIFIED STATEMENT OF
(Name)
(Title) Of (Company Name)
(Title) (Company Name)
My name is and I am employed as the of (the "Company") a licensed Alternative Retail Gas Supplier ("AGS") operating in Illinois.
I certify as follows:
Pursuant PL 102-0459, every September 30, AGS such as the Company, "shall submit to the Commission and the Office of the Attorney General the rates the retail natural gas supplier charged to residential customers in the prior year, including <u>each distinct rate</u> charged and whether the rate was a fixed or variable rate, the basis for the variable rate, and any fees charged in addition to the supply rate, including monthly fees, flat fees, or other service charges." 220 ILCS 5/19-115(b)(6) (emphasis added).
In compliance with the reporting requirements cited above, the Company emailed its Annual Gas Rate Report to the Commission's Office of Retail Market Development (ORMD) on at ICC.ORMD@illinois.gov and received confirmation from ORMD that its Annual Gas Rate Report was received. The Company acknowledges that the confirmation from ORMD that the report was received may not be construed as a finding by ORMD that the report is complete or compliant with the statute. The Company's Annual Rate Report details the natural gas rates charged by the Company to Illinois Customers during the period of September 1 of the previous year through August 31 of the current year and was provided as an excel spreadsheet using ORMD's required template.
The Company is certified to provide service to residential customers and
□served □did not serve
residential customers in the reported timeframe.
This concludes my certified statement.

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Under penalties as provided by law pursua Procedure, the undersigned certifies that the stattrue and correct, except as to matters therein states to such matters the undersigned certifies as same to be true.	tements set forth in this instrument are ted to be on information and belief and
(Date)	(Signature in Ink)